

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER THE BURKE GAZETTE		2. DATE OF FILING 9-14-01	
3. FREQUENCY OF ISSUE WEEKLY		3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$22.26 \$24.38 \$26.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 359 BURKE GREGORY SD 57523-0359			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) SAME			
6. FULL NAME OF PUBLISHER: CJ FAHRENBACHER			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME CJ FAHRENBACHER COMPLETE MAILING ADDRESS PO BOX 359 BURKE SD 57523			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE)			
9. EXTENT AND NATURE OF CIRCULATION (See Instructions on reverse side)		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		1600	1600
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.		510	513
2. Mail Subscription (Paid and or requested)		936	887
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		1446	1400
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		-0-	-0-
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		-0-	-0-
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		1446	1400
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		144	190
2. Return from News Agents		10	10
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		1600	1600
SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER			
I swear that the statements made by me above are correct and complete.			

State of South Dakota South Dakota

**s
County of Gregory**

(Seal)

Sworn to before me this 14th day of
September, 2001

Jeanette Frank
Notary Public
2-10-2006
My commission expires _____